Politics of Health.

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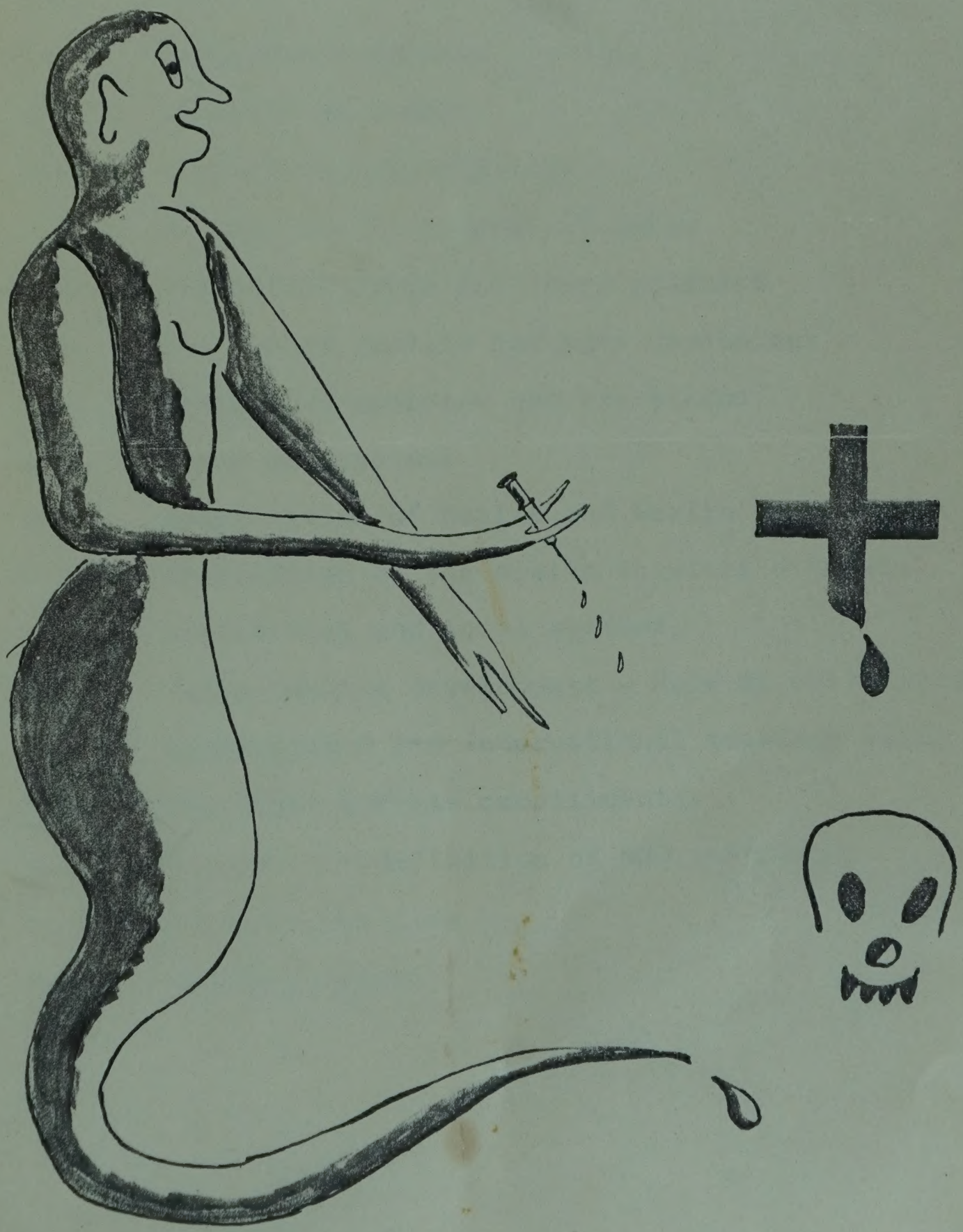

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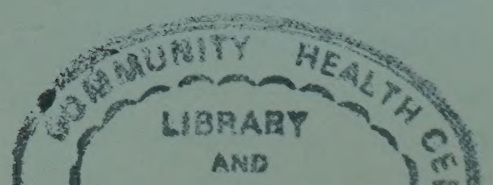

THE POLITICS OF HEALTH

13 - 15 AUGUST 1991

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POLITICS OF HEALTH: A REPORT

1.0 PREFACE:

A three day Workshop was organised by Visthar/Bangalore on "Politics of Health" at Bangalore with the objective of critically looking at the subject. The participants were solely from the four Southern States (Karnataka, Tamil Nadu, Andhra Pradesh and Kerala) of India and all were from the partner groups (NGDOS) of HEKS and HIVOS.

The methodology adopted for the deliberation was participatory in nature. A revolving Steering Committee and a Reporting Committee were formed to facilitate the sessions and to record the days' proceedings.

2.0 PREPARATORY PROCESS:

As a preparatory process, a questionnaire was sent in advance to the participants and they responded individually as to their nature of practical work involvement in the area of Health, their assessment of the failures and set-backs of their experiences, their self-reflections, suggestions for alternatives and their expectations from the Workshop. The responses from the participants could be summarised as follows:

2.1 WORK INVOLVEMENT-HEALTH:

The involvement of the participants or participant organisations in the health aspects are: creating preventive and curative health awareness through local village forums (sanghas) on hygiene, sanitation, environment, nutrition etc.; carrying out preventive and curative health care programmes such as immunization, skin, eye, dental, general health care camps etc., and regular treatment for minor ailments, training village 'Dias', herbal and ayurvedic medicine preparation, maintaining records of Birth, deaths, innoculation programmes, pregnant mothers, children, etc., in collaboration with Primary Health Centres; developing a scientific outlook towards sickness in the overall context of Health.

2.2 FAILURES/SET-BACKS:

The following are considered the reasons for the failures/set-backs in tackling health concerns and for the NGDOs inability to adopt a holistic approach to health. The related aspects are: the in-sufficient attention to the social problems that contribute to ill-health: the poverty of the people and its implications on chronic diseases like T.B. , Leprosy, etc; the reluctance of the Govt. health departments to take NGDOs into confidence in supplementing their health services; the non-availability of essential drugs; the dis-interested attitude of the officials; the ignorance and apathy towards health hazards; the addiction of people to injections and allopathic medicines; of the people's lack of confidence in Govt. health services; the lack of adequate training to both

health workers and to their trainers; the inability to develop a health programme based on indigenous knowledge systems.

2.3 ALTERNATIVES:

The following are suggestions from participants towards alternative systems of health care.

The suggestions are: promotion of home remedies and revival of indigenous health systems; pressurising the State to provide the people with alternative and relevant health care systems by organisational and collective actions of the people both at micro and macro levels

2.3.1 The following are suggestions for targets for better health.

- improving the services of PHC: NGDOs co-ordinating with the Government health schemes; increasing the number of community health visitors and doctors in rural areas; making available the essential drugs at reasonable prices; implementing the Hathi Committe recommendations and nationalising the multi-national drug companies.

2.4 ISSUES TO BE DISCUSSED:

The issues proposed by participants individually for discussion during the three-day deliberations were:-

1. To critically look at the programmes like immunization, sterilisation, chlorination, etc;
2. To review the functions of PHC:
3. To discuss on the national economy and politics of health - drug policies, budgetting, Govt. bureaucracy, health policy, political will;

4. To review lack of potable water for the people;
5. To review the NGDOs role in promoting and supplementing Govt. health services;
6. Medical knowledge as the property of the professionals;
7. Quacks and black magicians;
8. Health as a Right of the people.

3.0 PRIORITY OF THEMES:

Having seriously looked into the self-assessment of the participants experience, which very poignantly brought to us their understanding, their involvement and their varied expectations, it was felt necessary to group them under three sections for discussions and subsequently in a general forum to prioritise the theme for a more serious and critical analysis during the following days:

Accordingly, the priorities of the three groups were first charted down and were subsequently consolidated into five major themes:

1. The understanding of Health and Ill-health and its causes; The need for a Holistic redefinition of Health and Health Indicators.
2. The examination of local medical practices and services - modern, traditional and local systems.
3. Understanding development - its dominant elements and values, the implications of the emerging economic directives and policies and the role of the dominant Corporations and International Monetary Bodies.

4. An examination of the nature of the political system, the State and its constituents.

5. An examination of the present reality of NGDOs and their responses, a re-definition of the required response, the possibility of a common and united response, strategies and action.

4.0 INDIVIDUAL PRESENTATIONS:

Besides the papers which were prepared by Dr. Shobha Raghuram titled "The Politics of Health", Mr. C.R. Bijoy on "Resisting the Engineering of Health: Which way for Health", Dr. H. Sudarshan on "Health Care in Tribal Areas", and circulated among the participants, the general group felt the importance of getting views from other competent members present in the group. In response to the suggestion, Dr. Karkare volunteered to give an insight into the Govt. Primary Health Centre (PHC). Similarly, Dr. Gopal Dabade spoke on "Drugs and Drug Policies", Dr. Rajan dealt in detail on "the available medical system, the reality of rural people and their response to Health" and Mr. Manilal shared his experience and knowledge on the Herbal and Ayurveda system of indigenous medicines and its status.

4.1. PRIMARY HEALTH CENTRES (PHC):

PHC, which is an extension of the State Health Care system, has proved its inability to be of use to the people in caring for their health. The local Panchayat, a democratically structured and decentralised representative body of the people, which is supposed to play a role in implementing the efficacy

of PHC, is moreconcerned with the implementation of road building, channelisation of loan under Govt. Welfare/ development programmes etc., as it brings more monetary benefits to panchayat members. The political will at the local panchayat level, leave alone the will at the State and Central levels, is far below the minimum level that one would expect from a local body meant to represent the people's needs.

The doctor who is incharge of a Primary Health Centre, besides the responsibility of attending to the patients, is also delegated with the administration of the centre, the liaison work with the District Health Office and with the Panchayat Board. Further, he is left with no option but to complete the various targets set by the higher authorities as on family planning, immunization, etc. Added to this heavy task, the PHC doctor is faced with personal adjustments like the distance of the PHC to a nearby town where the doctor prefers to live, depending on public transport, wide area coverage of PHC and its remoteness etc. All these above factors force the doctor to spend very limited time in the PHC. The other unmotivated personnel in the PHC take advantage of the situation and completely neglect their responsibility of caring for the health of the people. However, the doctor can not be fully exonerated on grounds of the work and personal constraints.

The laissez-faire tendency in PHC and non-availability of essential medicines have dissipated the people's confidence in Govt. Health Care Systems. Of course, this situation is to the advantage of private medical practitioners for 'profit-

making'. In many cases, the PHC doctor also runs a private clinic. "Being just a Govt. doctor and caring for the people will not fulfill our needs. We need to recover the money spent during our studies and to get employment" - is the reality.

At present, the PHC is not at all accountable to the people. If the people are organised to demand 'health as their right' and to check the activities of PHC, there is a possibility of increasing the efficiency of PHC. Will that be enough to ensure the people's good health?

4.2. ALLOPATHIC DRUGS AND THEIR POLICIES:

The present situation is one wherein the essential drugs are not freely availablebut the unessential drugs are in plenitude. For instance, 45% of the drugs available in the market in the form of tonics and cough syrups are not essential. There is also free availability of hazardous drugs such as 'Analgin'. It is pathetic to see the free availability of the drugs which are banned in India. How does it happen? It is rather easy for the drug manufactures. The respective drug company applies for a 'Stay Order' and obtains it as soon as any of its drugs arebanned. On the other hand, the essential drugs produced for certain chronic diseases like leprosy are meagre, just 1% of the total required of drug.

It is amazing to note that there are 70,000 combinations of allopathic drugs available in the market in the name of 'Health Care'. A report of World Health Organisation (WHO) suggests that it is more than sufficient to take complete care

of the human body with 215 combinations of drugs. How do we rationalise this contradictory reality?

Besides the free availability of hazardous banned and unessential drugs, the contraceptive and family planning methods prescribed and carried out on women, specifically by the Govt. Hospitals and other extension units to control the population growth has proved to be atrocious.

The causes for such a situation are deep and wide. Precisely because of that, the Government's drug control, drug policy and pricing policy has proved impotent. More and more the local drug industries and multi-national drug companies are gaining a foothold over the Govt. and its health care structures. For instance, the drug industries are now fighting vigorously and strategically for further relaxation of the Govt's pricing policy.

Efforts to overcome the situation should mean for the Govt. to become more conscious about the coroding condition. None of the Hathi Committee (1976) recommendations have so far been considered for implementation. In this context, it may be valid to situate the example of an underdeveloped country like Bangladesh, which attempts seriously to implement more rational drug policies and so on, despite all the heavy pressures from the multinational corporations. There is a total ban in Bangladesh on advertising health hazardous items like tobacco, cigarettes, etc.

A country like India is very much in need of a scientific body

to check and counteract the profit motive of the drug industries. They have undermined the health of millions of people, especially the poor and vulnerable. It is a tendency among all of us to totally believe that whatever drug is banned in other countries, holds good in our country too. We need a body to scientifically check its validity and approve of the ban which will prevent our dependency on the developed countries and their possible manipulation.

4.3 THE GROUND REALITY AND THE MASS PSYCHOLOGY:

There is a wide gap between what is taught in the Medical Education and the widely spread/common prevailing illnesses among the rural mass. Concentration is given more on major diseases like heart disease, neurology cases in the medical education, whereas, the most common illnesses like anemia, amoebia, is given less importance. For anemic cases, some iron substance is necessary to be enhanced in the body but the doctor hesitates to prescribe iron tablets or injections because it causes diarrhea.

Hook-worms get into the human system largely due to the open toilet system in the rural area. The permanent preventive method to the above could be to build toilets which would mean spending a large sum, but the people prefer to spend Rs. 30/- every year and cure themselves of worms rather than spend on building toilets. The logic of a medical practitioner totally differs from the logic of the rural masses.

Gender bias is also rather severe in health aspects. When a

woman gets sick she is completely neglected untill the sickness gets worse and she is unable to carry out the day-to-day household chores.

As mentioned earlier, people prefer to go to nearby city/towns for treatment from private medical practitioners rather than from locally available PHCs, which is oriented to achieving more targets. The State's health care is spent on the salaries of its personnel and there is very little left for updating and maintaining the medical equipment and medicine. The women personnel as ANM in PHC are vulnerable to sexual exploitation by the PHC structure and local power brokers. How do we go about tackling these problems?

4.4. INDIGENOUS MEDICINE AND ITS STATUS:

Much is said about indigenous systems of medicines and it is time to now take stock of the situation.

In the modernisation process, indigenous medical systems like Ayurvedic are at the cross-road. The strange thing in Ayurvedic medicine is that injections are being introduced. Ayurveda even prescribes solutions for 'dowry' through the choice of 'male' or 'female' child. This system is being more tuned to compete with the modern allopathic medicine and in the process the quality of Ayurveda and its validity go unchecked. The Ayurveda doctor has now come to a stage of just prescribing the medicine. The medicine is expected to be readily available in Ayurvedic Pharmacies. This is an imitation of the Allopathic System? There is also no competent body to check on the quality and validity in 'Ayurvedic'.

Traditionally, the indigenous medical systems - Ayurveda & Sidha, have been carried out by people from the lower rank in the social order. The ecological condition was a well balanced one. The traditional practitioners were well within the reach of the herbs. They were very conscious of the quality and they had also control over the quality of the medicine prepared. The medicine was generally prepared when required, based on the requirement of the local people.

However, at present, the situation has changed. The degradation of forests and thereby the ecological imbalance, the State's claim over the forest land, has not only alienated the people from their lands but also from the ingredients for the indigenous medicines. As a result, we are left with the knowledge and skills on the traditional medicine but the access to the ingredients is curtailed and controlled. The cumulative impact of such situations combined with the modernisation thrust, has led to the mass production of Ayurvedic medicines.

As the Govt. now encourages/initiates herbal model gardens/ farms. The state has taken control over the area where the herbs were naturally grown and has observed the demand from other countries for the herbs. It is reported that tons of neem leaves from Kerala are being exported. The Govt's interest in initiating herbal farms seem to be more for export value rather than for preserving and promoting the

traditional indigenous system of medicine.

It is therefore, important while attempting to resist and overcome the monopoly of Allopathic as a modern medicine, to have a proper assessment of the indigenous system of medicines, its vitality and its present trend in the name of modernisation. A proper clinical decentralised research system, a small-scale form of producing indigenous medicine and a holistic approach to a disease are very crucial components in the promotion of indigenous medicines. We need to have 'pluralism' in medicine for proper health care and its accessibility. Let us avoid a time-bound approach to health, which is curative in nature with consequent side effects.

5.0 GROUP DISCUSSIONS ON PRIORITY THEMES:

The high priority five themes were put up on the board for the participants to select her/his theme of interest. Accordingly, five groups were formed and the whole afternoon of the second day was spent in group discussions. There was just enough time in the evening for individual group presentations in a common forum. It was then decided by the participants to consolidate the group discussion for further discussion and comments if any, in the general forum, the next day. The following was the consolidated report of the group discussions under each theme:

5.1 UNDERSTANDING ILL-HEALTH/HEALTH - ITS CAUSES:

REDEFINITION OF HEALTH AND HEALTH INDICATORS:

The health status of the people is determined by the socio-

political, economic and environmental conditions prevailing in the society. The disease pattern prevailing in the country clearly shows that they are the diseases of poverty and so the outcome of an unjust oppressive nature of the structure. The living conditions of the poor are determined by the caste/class and gender oppression that their very basic needs like food, shelter, clothing etc. is increasingly distanced. The development direction that has been thrust upon the people by the dominant class through its modernisation process, through its pollution, through its extortionist approach, through the irrational use of the land and its life sustaining resources, through the forceful introduction of alien, inappropriate and unhealthy consumerist life styles, through the denial of whatever good practices that traditionally existed especially through food, through the perpetuation of the process of marginalisation etc. have contributed to the creation of ill-health. The health care system too, which in an integral part of this very process has contributed to ill-health. The political system and the State too then are causes of ill-health besides the dominant class.

Poverty, the caste/class division, the unsustainable development process and the exploitative system are clearly the primary causes of ill-health. Hence, health is a condition that can be related to the struggle for survival, the struggle for justice and the struggle for equity, the struggle for a healthy environment. In the emerging context of our country, such a macro level reflection is valid for micro level action.

5.2 EXAMINATION OF THE HEALTH SERVICES - MODERN, TRADITIONAL AND LOCAL SYSTEMS:

The modern health care system is urban oriented, catering to primarily the fortunate class. It is curative centered rather than preventive and promotive. There is a clear disparity between the urban and the rural and the rich and the poor. It is oriented and controlled by the pharmaceutical industry and medical equipment manufacturers with its links to the multi-national corporations. The neglected concern and will of the political system and the government contribute to the existing situation. The direction of its progress is influenced and controlled by the private sector. Profit rather than health is the motive. The health service system including the public health care system oppresses those who approach it and rejects those who do not approach it.

The above is evident when we consider the reality. In the area of medical education and research, the focus is on the health problems of the affluent, who are in a minority and not the health reality of majority. Modern medicine looks at health in a narrow perspective based on the bio-medical model and does not take into consideration the conditions that cause ill-health like environment etc. It is disease-drug-hospital centered. Further, specialisation has distorted even this narrow disease centered approach. The health profession has become highly professionalised and this is due to the position of power that the professional exerts in the society. The health profession - its character and

behaviour is determined and controlled by the health business - the pharmaceutical industry, the medical equipment manufacturers etc, whose unfair practices are well known.

They control the practice through the control of information, leading the health profession to be ignorant through provision of dis-information and inadequate or incorrect information. An elaborate nexus has been built up between these forces with the medical education system, the medical establishment and the health professionals through an elaborate mechanism leading the entire health care system to a unhealthy situation. In this, the victims are the people, while profits are shared by this elaborate structure. A result has been the promotion of useless, irrational, hazardous, banned and bannable drugs, unnecessary and irrational medical tests and interventions, over drugging, development of side effects because of medical practice as well as development of drug resistance in the patients etc. An over medicalised approach has thrown to the winds all ethical considerations and this is projected as desirable, right and better for health care. This projected perception has in turn led the consumers to demand for this very over medicalised and unhealthy health care service which is pointed out as a justification for the services itself.

In the process, the services are not accessible to those who cannot afford it. There is a lack of essential drugs for TB, leprosy etc., which effect millions as they are diseases of poverty and hence have not potential for large profits.

The trading of organs, blood etc., has reached horrifying proportions. The medico-legal provisions and consumer protection is almost non-existant. There is a real threat of AIDs spreading through such channels as blood transfusion, use of infected syringes etc. Over the counter sales and sales of drugs in petty shops are increasing. The system of controlling these like that of the drug authorities of the Government is deliberately kept inadequate and ineffective. The insurance business is emerging in a big way in the business of health. There is a virtual break down of the government hospital service where the poor go in large numbers. The pharmaceutical industry is now focussing on the NGO sector as potential intermediaries.

If we look at the public health care system, the importance which the State gives to the Health Sector is evident from the fact that the budget allocation for health in the total budget has been consistently decreasing in proportion in the progressive plans. The major portion of whatever is allocated goes to the urban sector, for the salaries to the staff, for medical education and research for family planning and now the universal immunisation programme. This health care structure is insensitive to the people. There is a virtual break down of this service too. The increasing number of vertical and technical programmes has subverted the very concept of Primary Health Care. A stage has come when there is sufficient reasons to even question the very motive of

these programmes. Why are family planning programmes given a top priority when population growth is caused by poverty? And any way the poor do not have resources nor consume resources. So how is there increase in number a threat to limited resource when it is the minority rich who are a threat to the limited resources? The whole immunisation programme needs to be reconsidered in terms of its scientific validity, its relevance, its viability etc. so also in the case of other national programmes. MCH Programmes focus on the child rather than the mother and have become a subordinate part of family planning programme. The whole primary health care structure itself has become irrelevant as far as the majority of the poor are concerned. On top of it all, the health status of our people is very dismal even when we compare with other developing countries and has contributed little to changing the situation.

In the area of traditional systems the mainstream i.e. Ayurveda, Siddha, etc., which are organised in a marginal way have also been rapidly influenced by the whole modernisation process with attendant distortions similar to the modern medical system. In addition, there is no virtual regularory and control policies or mechanisms unlike the modern medicine. The area of education, production of drugs and its marketing and practices etc., follows the general pattern of modern medicine. In addition, there are distortions in practices with the practitioners using allopathic drugs when they are not trained for it. So too are the medicines prescribed by allopathic

physicians who too are not trained for it. Even though the world view and hence the whole approach to health and ill health is holistic, in practice this is lost.

In the case of local practices which are widespread especially among the poor, the denial of their rights to local resources along with the depletion of local resources itself and the looking down upon such practices both by modern medicine as well as mainstream traditional system of medicine has besides distorting their knowledge and skills are pushing them to redundancy. This is so even though many can be effective or more effective than other practices.

5.3. UNDERSTANDING DEVELOPMENT - ITS DOMINANT ELEMENTS AND VALUES, IMPLICATIONS OF THE EMERGING ECONOMIC DIRECTION AND POLICIES AND THE ROLE OF THE DOMINANT FORCES LIKE THE MULTINATIONAL CORPORATIONS AND INTERNATIONAL MONITAORY BODIES:

Our country does not lack in resources. It has rich resources in terms of natural wealth, manpower, knowledge and skills. Inspite of this, the reality of the condition of life of the majority of the people is a struggle for survival in very oppressive situations. This is caused by the socio-political structure that is undemocratic, unjust and oppressive. The decision making being in the control of a highly centralised structure, controlled by an exploitative minority which decides the development direction and its economic policies suited to their interests and development. In this process, there

has been an active collaboration between the international capital and the dominant power structure for their mutual interest at the cost of national interest and progress. This has left the nation with a double digit inflation and a huge debt to the international monitory agencies where the burden of this is left to the majority of the mass to bear. The economic and development direction has been extraction of the wealth of the nation, of the people through an exploitative system using technologies and production systems of the West in an efficient manner to meet the superfluous demands of a minority urban consumer class. In the process, this deprives the very basic needs of the majority, especially of the rural areas. In this process, of collaboration between the international capital and the ruling class which has been projected as necessary "for national progress and self reliance" has not only depleted our foreign exchange reserves and seen the flow of capital outwards to the developed nations, its national and multi-national corporations but also passed on the burden of repaying the debt to the masses. The kind of science and technology that has been and is being imported has not been towards meeting the needs of the people at large but to catering for the superflous needs and luxury needs of the urban consumer. The recent negotiations with World Bank and IMF for loans is an attempt to further strengthen this disastrous development direction besides attempting to cover up the crisis that the ruling class face. On the other hand, it is also clear that we have the potential to follow a path of development with equity and justice which

has clearly and deliberately been subverted by the ruling class. Even given the present economic crisis, there are clear indications that these are possible ways of overcoming the crisis with our own internal strength and efforts, especially with the capabilities of the oppressed class itself. But these options are not considered by the ruling classes precisely because it would undermine their power and affluence.

The above has its implications in the health of the people - direct implications is that the poor have been further impoverished and marginalised. Moreover, the kind of development with its technologies and the way in which it is been managed besides being of little relevance to the needs of the majority has been destructive in a ruthless manner, it has trampled upon the rights of the people, it has displaced millions, it has polluted our environment, it has depleted and ravaged our natural resources, it has robbed off the resources required for survival. The victims have been the Dalits, the Adivasis, the Women and the poor.

In order to make the above possible, the ruling class has evolved an elaborate and extensive structure both through the apparatus of the State machinery and outside it as well. This is the reality and the context that we are in.

5.4 EXAMINATION OF THE CHARACTER OF THE POLITICAL SYSTEM, THE STATE AND ITS CONSTITUENTS:

The political system of our country is dominated on caste and class lines which do not represent the interests of the rural

masses, of the dalits, of the adivasis, of the women. They are more over linked to the interest of international capital, involved in a process of extraction of wealth of the land, of the people for the needs of the elite both within the nation and without, through the use of science and technology, through the educational process, through the economic system, through the machinery of the State, through the market forces, through the legal structure etc., as is evident from the examination of the reality. The political system, with the State and its constituents through its strong links to the imperialist forces of the developed nations are involved in a process of further marginalisation of the oppressed through the creation of elaborate structures, systems, and forces to perpetuate the unjust order economically, culturally and socially.

5.5. <u>EXAMINATION OF THE PRESENT REALITY OF NGOS AND ITS RESPONSES, REDEFINATION OF THE REQUIRED RESPONSE, POSSIBILITY OF COMMON RESPONSE, STRATEGIES, AND ACTIONS</u>:

At present, the NGDOs are more concerned with tackling the problems at the micro level without analysing the problems from different dimensions. With an anxiety to respond to the obviously visible problems, lead to more of 'activism' and programme based attempts/efforts for solution all on their own in an isolation totally undermining the other people's forums and organisations. The NGDOs' programme oriented approach is also partly due to its non-confrontational stand which they believe, will not disturb their status quo.

As mentioned earlier in the report that the health work

currently being carried out by majority of the NGDOs are in the areas of preventive and curative care - education on sanitation, nutrition, environment training health workers, building on low cost health care system, etc. and as curative measures immunisation camps, collaboration with the Govt. health care unit, treating minor ailments etc. There are also NGDOs who work with the poor in organising them to pressurise the state health care unit (PHC) to improve its efficacy and some are attempting to revive and promote the traditional/indigenous system of medicines as ayurveda and siddha with its due relevance to our situation and to have pluralism in medicine.

There are also many dilemas faced by the NGDOs. On the one hand NGDOs work towards democratisation but bureaucratism and harassment on workers are common in this sector.

It is crucial for NGDOs to have a proper prior analysis of problems faced by community/people before attempting for possible solutions. If the NGDOs realise that by running a parallel health unit to the Govt. PHC, the NGDO sector in a way encourages the PHC to be inactive and ineffecient in fulfilling its objective. They should instead, in a democratic country like India make the PHC accountable to the people. The people gain confidence in the process of making the PHC primarily accountable to the people. It is necessary to see the work in the wider context and be more realistic.

'Awareness education' should not mean transfer of information and knowledge but knowledge getting contextualised for action.

Allopathic medicine has so much mesmerised and brainwashed the people, it is rather important to make them less dependent on allopathy. It is important for each one of us to check and countercheck our individual values and again to a great extent, our value is being promoted and determined by the society's structure. This being the case, it may be unfair to totally blame the doctor, his commitment and his/her values for the inefficiency of the State medical care unity as PHC. Any doctor, soon after his medical education, is anxious to recover the money spent for his education. If he is a Govt. doctor, he may also have to recover the bribe/gift given to get the job.

6.0. FOLLOW-UP ACTIONS:

At the end of the 3 day Workshop, it was felt meaningful to spell out the possible follow-up action by both, as a group and as an individual organisation.

6.1. It should become each one's responsibility to create less dependency among people as modern system of medicine.

6.2. As NGDOs or NGDOs along with other mass forums should attempt to influence the State policy in relation to Health.

It was reported that there are already similar initiatives, for instance, there is going to be a meeting of NGDOs at Chickmagalur with the District Health Officers. We need to further strengthen such initiatives.

Why should be forum like Drug Action Forum - Karnataka (DAF-K)

struggle in isolation for Rational Drug Policy, pricing policy etc? Can they think of working with women's organisations and forums as women are the first victims of many Govt. targets like family planning?

6.3. *Maintaining of Family Health Register and recording of ill-effects caused by hazardous drugs will be valuable data for campaigning and lobbying at the policy making level.

*Surveillance on environment, environment degradation and its linkages to ill-health etc., would form another valuable data bank for action.

6.4. Translating the outcome of the workshop in regional languages and discussing with the regional groups could be done by the participants.

6.5. It is absolutely necessary in whatever way we can, to promote alternative systems of medicine, which could resist and offset the monopoly of a single medical system.

7.0. LESSONS LEARNED

A quick self-reflection of the participants on the usefullness of the three day workshop revealed the following:

It was expressed by the participants that they were able to understand 'Health' and status of health services, causes of ill-health, linkages between health and unethical structures, commercialisation of health, the different dimensions of health, the need to create further awareness on traditional medicine, the danger in consuming drugs, the complexities of the health issue, the linkages between poverty and ill-health, the scope and limitations of PHC,

the degree of exploitation in health services, the need for personal commitment and value changes, the means of empowering people, scope of 'role-models' etc.

It was HOPED that what they learnt in three days could well be an initiative but it is not all. Let us show our 'bit' in collective action !

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NO. 94, EUROSION BLOCK,
MARIKUPPAM P.O.,
K.G.F.-563 119.

A. RAJA SAMSON,
SPACE,
P.O. BOX 14,
KODAIKANAL-624 101,
ANNA DIST.

A.N. KABBUR,
INDIA DEV. SERVICE,
HALIYAL ROAD,
SAPTAPUR,
DHARWAD-580 001.

DR. R. JAYARAJ,
ANTHYODAYA SANGH,
P. BOX NO. 12,
LALGUDI-621 601,
TRICHY DT.

S. ANTHONY,
M.M.R.D.,
TIRUPALAPANDAL-605 757,
TIRUKOILUR TALUK,
S.A. DIST.

C.R. BIJOY,
DOCTORS QUARTERS,
SRI RAMAKRISHNA HOSPITAL,
AVARAMPALAYAM ROAD,
COIMBATORE-641 044.

S. CHANDRAKALA,
DEEDS,
VALLIMALI ROAD,
KATPADI,
T.N.

PARTHALINGAIAH,
GRAMA KALYANA
MAIN ROAD,
SIRA-572 187,
KARNATAKA.

MATHEWS PHILIP
ICDSS,
NO. 1, III CROSS,
VIVEKANANDA NAGAR,
BANGALORE-560 033.

M.V. BALASUNDARAM,
AFDORP,
3, DR. DAVID COLONY,
TRICHY-21.

MANILAL V.,
BABU COTTAGE,
138, NSR ROAD,
SAI BABA COLONY,
COIMBATORE-641 011.

PRAKASH,
SPEC,
35/1, C.W. SCHOOL,
KAMANDODDI,
HOSUR-635 125.

M. GEETHA,
SPECK,
35/2, C.W. SCHOOL,
KAMANDODDI,
HOSUR-635 125.

GOPAL DABADE
& SHARDA GOPAL,
DRUG ACTION FORUM
SOMAVARPETE,
KITTUR-591 115.

DR. KARKARA,
VILLAGE MEDICAL SERVICE,
P.O. KAMALNAGAR TQ.,
BIDAR DT.-585 417,
KARNATAKA.

R. RAJAIAH,
SAVE,
T-1-30/6,
HYDERABAD-500 016.

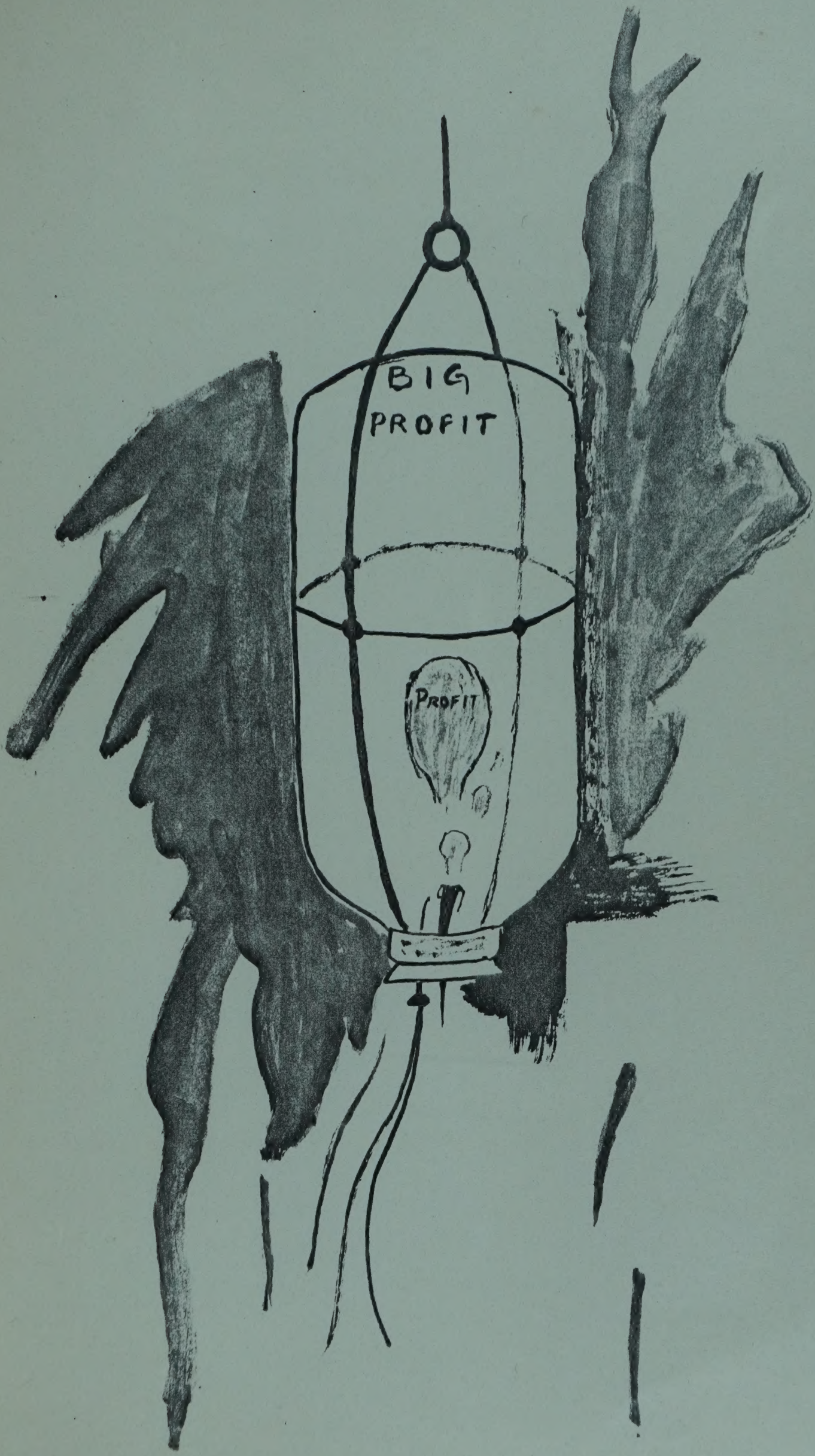
RAJINI POGURI,
SAHANIVASA,
POST BOX 47,
STATE BANK COLONY,
CHITTOOR.

M.M. LUTHER STEAPHENS,
RHEADS,
1-49; K.N. COLONY,
CHITTOOR-517 004.

SHOBHA RAGHURAM,
HIVOS,
98/A WHEELER ROAD,
BANGALORE-560 005.

P.S.K. DOSS,
MALACHI TRUST,
VAGORI KULAM,
P.S. SANKARAKOVIL,
NELLAI DT.,

H. MOHAN KUMAR,
PMSR,
POST BOX NO. 19
G.P. MALLAPPAPURAM,
KOLLEGAL-571 440.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